PART B - FEE(S) TRANSMITTAL

Complete and send this form, together

applicable fee(s), to: Mail

Mail Stop IS FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000



or Fax

| appropriate. All further cor indicated unless corrected t maintenance fee notification | respondence including the local period of the | Patent, advance ord in Block 1, by (a) | ers and notifica | tion of mair | itenance fees v | vill be mailed to the current and/or (b) indicating a sep | correspondence address as | |
|---|---|--|-------------------------------------|--------------------------------|-----------------------|--|-----------------------------|--|
| 23117 75 NIXON & VANI 1100 N GLEBE RO | 2005 | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. | | | | | | |
| ARLINGTON, VA | | transmi | tted to the USP | TO (703) 746-4000, on the | date indicated below. | | | |
| • | 13 | | | | (Depositor's name) | | | |
| | MARIE | | | | (Signature) | | | |
| | | MAR 1 8 | | L | | | (Date) | |
| APPLICATION NO. FILING DATE | | | IRST NAMED INVENTOR | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/751,105 | 01/05/2004 | Harald Jacobsson | | | | 4127-12 | 1349 | |
| TITLE OF INVENTION: OSCILLATOR | | | ļ. | | | 1/2005 SZEWDIE2 00000158 10751105 | | |
| | | | | | 01 FC:15 02 FC:15 | 601 604 | 1400.00 OP 300.00 OP | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEI | Е | PUBLICAT | TION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$3 | 00 | \$1700 | 04/04/2005 | |
| EXAMINER | | ART UNIT | | CLASS-SU | BCLASS | | | |
| CHANG, | 2817 | | 331-1 أ | 700R | | | | |
| . Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. | Correspondence | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | |
| . ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON TH | IE PATENT (pi | rint or type) | | | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion | clow, no assignee do of this form is NOT | ata will appear a substitute for | on the pater filing an assi | nt. If an assign | ee is identified below, the o | document has been filed for | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| | olaget LM Ericss | - | | | m, Sweden | | _ | |
| lease check the appropriate | assignee category or catego | ries (will not be prin | ited on the pater | nt): 🖵 Inc | dividual 🖰 Co | orporation or other private gr | oup entity Government | |
| a. The following fee(s) are | enclosed: | _ | Payment of Fee | ` ' | | | | |
| Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. | | | | | | | | |
| Advance Order - # of | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number i 14-1140 (enclose an extra copy of this form). | | | | | | | |
| | | | Deposit Account | t Number 🗼 | "14-1140 | (enclose an extra c | copy of this form). | |
| | (from status indicated above | | . | | | | IFD 1.05()(0) | |
| | MALL ENTITY status. See is requested to apply the Issu ublication Fee (if required) words of the United States Pate | | | | | LL ENTITY status. See 37 C y paid issue fee to the applications stered attorney or agent; or t | | |
| Authorized Signature | | | Date | March 18, 2 | | | | |
| Typed or printed name | | | Registration | No. 33,149 | | | | |
| his collection of informatio | on is required by 37 CFR 1.3 | 11. The information | is required to o | btain or retai | in a benefit by t | he public which is to file (an | d by the USPTO to process) | |

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.